



ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY

ASBESTOS ABATEMENT ORIENTATION SESSION

COURSE REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name and Title of Applicant: _____

Social Security Number: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Date of Orientation Course for which Registration is being made (see dates below):

1st Choice _____ 2nd _____ 3rd _____

Course Dates - 2009

January 15	May 7	September 10
February 12	June 11	October 15
March 12	July 9	December 10
April 9	August 6	

DAQ-approved prerequisite training course information:

Course Title: _____

Presented by: _____

Dates Attended: _____

Signature of Applicant: _____ Date: _____

RETURN COMPLETE FORM TO:

Field Operations Branch – Field Support Section

Attention: Cindy Mitchell

Division for Air Quality

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Frankfort, Kentucky 40601

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E-mail: cindy.mitchell@ky.gov